b. Advances to subgrantees or subcontractors

a. Interest income

15.		CERTIFICATION	
		SIGNATURE	DATE REPORT SUBMITTED
ments have been made for	AUTHORIZED	Marisa Schasel	3/12/96
	CERTIFYING	TYPEDOR PRINTED NAME AND TITLE	TELEPHONE (Area Code,
	OFFICIAL		Number, Extension)
		Marisa Schasel - Cash Manager	(617) 496-2507

OTHER INFORMATION

THIS SPACE FOR AGENCY USE

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH RE-

QUIREMENTS FOR THE ENSUING

Days

* missing RAN 247 for \$1,500,000 paid 2/3



Ceee 1-00-	cv-11977-DPW Document 1-5 File	CALLER 20 Control Providence	ont bod Budget, No. 80-RO182
(Can instructions on the	H TRANSACTIONS REPORT back. If report is for more than one grant or ch completed Standard Form 272-A.)	1. Federal meaning agency and org	relational element to which this report nternational Development
2. RECIPIENT ORGANIZAT	ION	4. Federal great or other identifica- tion number See 272A	5. Recipient's account number or identifying number See 2723
Name :	LLOWS OF HARVARD COLLEGE	6. Letter of credit number 72001468	7. Last payment voucher number 249
Number Holyoke Centered :	er - Room 466	Give total numb	er for this period
	nsetts Avenue A 02138	8. Payment -Veuchers crudited to your account 3	9. Treasury checks received (whether or not deposited) N/A
City, State and ZIP Code:		10. PERIOD COVERED	BY THIS REPORT
3. FEDERAL EMPLOYER DENTIFICATION NO.	04210350	FROM (month, day, year) 3/01/96	TO (menth, day year) 3/31/96
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,423,903.00)
	b. Letter of credit withdrawals		1,886,000.00
11. STATUS OF	c. Treasury check payments		0.00
FEDERAL	d. Total receipts (Sum of lines b and c)	A (31-12)	1,886,000.00
CASH	e. Total cash available (Sum of lines a and d)	APD 15	462,097.00
	f. Gross disbursements	ELLINE -	2,564,766.12
(See apecific	g. Federal share of program income	urofl/[[]	0.00
instructions on the back)	h. Net disbursements (Line f minus line g)	Sign-	2,564,766.12
	i. Adjustments of prior periods		0.00
	j. Cash on hand end of period	DEFICIT	\$ (2,102,669.12)
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE,	13. OTHER INFORMATIO	<u>N</u>	
REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$
ENSUING			

b. Advances to subgrantees or subcontractors

Days

15.		CERTIFICATION	
I certify to the best of my	AUTHORIZED CERTIFYING OFFICIAL	SIGNATURE	DATE REPORT SUBMITTED 4/10/96 TELEPHONE (Ares Code, Number, Extension)
-		Marisa Schasel - Cash Manager	(617) 496-2507

Ousc 1.0	O ov 11977 DPW Document 1-5 E SH TRANSACTIONS REPORT	Approved Mariage	ment and Budget, No. 80-RO182
	back. If report is for more than one grant or ach completed Standard Form 272-A.)		gradizational element to which this rep international Development D.C. 20503
2. RECIPIENT ORGANIZA	TION	4. Federal grant or other identifica- tion number See 272A	5. Recipient's account number identifying number See 27:
	ELLOWS OF HARVARD COLLEGE	6. Letter of credit number	7. Last payment voucher number
Number	Sponsored Research	72001468	255
	er - Room 466		per for this period
City. State	nusetts Avenue NA 02138	8. Payment -Vouchers credited to your account 6	or not deposited) N/3
and ZIP Code:			BY THIS REPORT
3. FEDERAL EMPLOYER DENTIFICATION NO.	04210350	FROM (month, day, year) 4/01/96	TO (month, day year) 4/30/96
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (2,102,669.12)
	b. Letter of credit withdrawals		3,304,866.00
11. STATUS OF	c. Treasury check payments		0.00
FEDERAL	d. Total receipts (Sum of lines b and c)	A	3,304,866.00
CASH	e. Total cash available (Sum of lines a and d)	MAY 14 1996	1,202,196.88
	f. Gross disbursements	BECEIVED -	2,108,852.25
(See specific instructions	g. Federal share of program income	WENTLEFO	0.00
on the back)	h. Net disbursements (Line f minus line g)		2,108,852.25
	i. Adjustments of prior periods		0.00
	j. Cash on hand end of period	DEFICIT	\$ (906,655.37)
2. THE AMOUNT SHOWN ON LINE 11, ABOVE,	13. OTHER INFORMATION		
REPRESENTS CASH RE- QUIREMENTS FOR THE ENSUING	a. Interest income		\$
Days	b. Advances to subgrantees or subcontractors		\$

15. CERTIFICATION SIGNATURE I certify to the best of my knowledge and belief that this report is true in all re-spects and that all disburse-DATE REPORT SUBMITTED **AUTHORIZED** 5/09/96 CERTIFYING ments have been made for the purpose and conditions of the grant or agreement TYPED OR PRINTED NAME AND TITLE TELEPHONE (Area Code, Number, Extension) **OFFICIAL** Marisa Schasel - Cash Manager (617) 496-2507 THIS SPACE FOR AGENCY USE

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

(See instructions on the	back. If report is for more than one grant or	T .	nternational Development	
2. RECIPIENT ORGANIZA	ach completed Standard Form 272-A.)	Washington, I	S. Recipient's account number	
	ELLOWS OF HARVARD COLLEGE	See 272A 6. Letter of credit number	7. Last payment vercher number	
	Sponsored Research	72001468	260	
Number Holyoke Cent	cer - Room 466	Give total nurib	er for this period	
1350 Massach Cambridge, N	nusetts Avenue NA 02138	8. Payment -Vouchers credited to your account 5	9. Treesury checks received (wheth or not deposited) N/A	
City, State and ZIP Code:		10. PERIOD COVERED	BY THIS REPORT	
3. FEDERAL EMPLOYER	04210350	FROM (month, day, year) 5/01/96	TO (month, day year) 5/31/96	
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (906,655.37)	
	b. Letter of credit withdrawals		1,740,000.00	
11. STATUS OF	c. Treasury check payments		0.00	
FEDERAL	d. Total receipts (Sum of lines b and c)		1,740,000.00	
CASH	e. Total cash available (Sum of lines a and d)	A	833,344.63	
	f. Gross disbursements	JUN 18 1996	2,417,231.06	
(See specific	g. Federal share of program income	"TOTIVED	0.00	
instructions on the back)	h. Net disbursements (Line f minus line g)) · · ·	2,417,231.06	
	i. Adjustments of prior periods		0.00	
	j. Cash on hand end of period	DEFICIT	\$ (1,583,886.43)	
2. THE AMOUNT SHOWN ON LINE 11; ABOVE		N		
REPRESENTS CASH RE- QUIREMENTS FOR THE ENSUING	a. Interest income		\$ -	
ENSOING Days	b. Advances to subgrantees or subcontractors		\$	

15.		CERTIFICATION	·
I certify to the best of my knowledge and belief that this report is true in all re-	AUTHORIZED	1// ausa xionase	DATE REPORT SUBMITTED 6/10/96
spects and that all disburse- ments have been made for the purpose and conditions of the grant or agreement	OFFICIAL	TYPED/OR PRINTED NAME AND TITLE Marisa Schasel - Cash Manager	TELEPHONE (Area Code, Number, Extension) (617) 496-2507

	Dev-11977-DPW Document 1-5 Fr		ent and Budget, No. 80-RO182	
FEDERAL CAS	H TRANSACTIONS REPORT		relational element to which this rupe	
(See instructions on the	back. If report is for more than one grant or	1	nternational Development	
assistance agreement, atta	ich completed Standard Form 272-A.)	Washington, 1	·	
2. RECIPIENT ORGANIZAT	TION	4. Federal great or other identifica- tion number See 272A	5. Recipient's account number identifying number See 272.	
Name PRESIDENT & FE	LLOWS OF HARVARD COLLEGE	6. Letter of credit number	7. Last payment voucher number	
	ponsored Research	72001468	266	
Number Holyoke Cent			er for this period	
	usetts Avenue	8. Payment - Venchers credited to your eccount	9. Treasury checks received (whether or not deposited)	
Cambridge, M	A 02138.		BY THIS REPORT	
City, State and ZIP Code:			TO (month, day year)	
3. FEJERAL EMPLOYER IDENTIFICATION NO.	04210350	FROM (month, day, year) 6/01/96	6/30/96	
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,583,886.43)	
	b. Letter of credit withdrawals		3,075,000.00	
11. STATUS OF	c. Treasury check payments		0.00	
FEDERAL	d. Total receipts (Sum of lines b and c)		3,075,000.00	
CASH	e. Total cash available (Sum of lines a and d)		1,491,113.57	
	f. Gross disbursements		3,229,191.00	
(See specific	g. Federal share of program income		0.00	
instructions the hypok)	h. Net disbursements (Line f minus line g)		3,229,191.00	
	i. Adjustments of prior periods		0.00	
SELFIATO	j. Cash on hand end of period	DEFICIT	\$ (1,738,077.43)	
12. THE AMOUNT SHOWN ON LINE 11, ABOVE.	13. OTHER INFORMATION	4		
REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income	·	<u> </u>	
ENSUING	b. Advances to subgrantees or subcontractors		•	

15.	CERTIFICATION		
I certify to the best of my knowledge and belief that this report is true in all re-		///www.x\chave	DATE REPORT SUBMITTED 7/16/96
spects and that all disburse- ments have been made for the purpose and conditions of the grant or agreement	OFFICIAL	TYPE OR PRINTED NAME AND TITLE	TELEPHONE (Area Gode, Number, Extension)
		Marisa Schasel - Cash Manager	(617) 496-2507

THIS SPACE FOR AGENCY USE

1/23/06

FEDERAL CASI	H TRANSACTIONS REPORT	1. Federal appropriate agency and organic	estrational observation between the control of the	
(See instructions on the b	ack. If report is for more than one grant or th completed Standard Form 272-A.)	Washington, D	.C. 20503	
2. RECIPIENT ORGANIZATI		4. Federal grant or other identifica- tion number See 272A	S. Reciplent's account number or identifying number See 272X 7. Last payment veucher number 266	
	LOWS OF HARVARD COLLEGE onsored Research	6. Letter of credit number 72001468		
Number Holyoke Cente		Give total number	er for this period	
1350 Massachu	setts Avenue	8. Payment -Vouchers credited to your account	9. Treasury checks received (whether or not deposited) N/A	
Cambridge, MA	02138	10. PERIOD COVERED	BY THIS REPORT	
City, State and ZIP Code:			TO (menth, day year)	
3. FEDERAL EMPLOYER IDENTIFICATION NO.	04210350	FROM (month, day, year) 6/01/96	6/30/96	
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,583,886.43)	
	b. Letter of credit withdrawals	·	3,075,000.00	
11. STATUS OF	c. Treasury check payments		0.00	
FEDERAL	d. Total receipts (Sum of lines b and c)		3,075,000.00	
CASH	e. Total cash available (Sum of lines a and d)		1,491,113.57	
A	f. Gross disbursements		3,329,595.12	
Me precine	g. Federal share of program income		0.00	
Solety hade	h. Net disbursements (Line f minus line g)		3,329,595.12	
	i. Adjustments of prior periods		0.00	
	j. Cash on hand end of period	DEFICIT	\$ (1,838,481.55)	
12. THE AMOUNT SHOWN	13. OTHER INFORMATIO	N		
ON LINE 11j, ABOVE, REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$ "	
ENSUING Davs	b. Advances to subgrantees or subcontractors		\$	

15.	CERTIFICATION	
	SIGNATURE	DATE REPORT SUBMITTED
I certify to the best of my knowledge and belief that this report is true in all re-	AUTHORIZED Marisa Scharel	8/01/96
spects and that all disburse- ments have been made for	CERTIFYING TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code, Number, Extension)
the purpose and conditions	OFFICIAL	
of the grant or agreement	Marisa Schasel - Cash Manager	(617) 496-2507

THIS SPACE FOR AGENCY USE

8/22/96

FEDERAL CA	SH TRANSACTIONS REPORT back. If report is for more than one grant or tack ecompleted Standard Form \$78-1.)	Approved Diffice of Manager 1. Federal appearing agency and or	nent and Budget, No. 80-R0182 conlectional element to which this rep iternational Development
2. RECIPIENT ORGANIZA	NTION	4. Federal great or other identifica- tion equal-or See 272A	5. Recipient's account number identifying number See 272.
Name : Office for S	CLLOMS OF HARVARD COLLEGE Sponsored Research	6. Letter of credit number 72001468	7. Last payment vaucher neather 269
Number Holyok Cent	er - Room 466	Give total numb	er for this period
Cambridge, M	nusetts Avenue NA 02138	8. Payment -Vouchers credited to your account 3	9. Treatury checks received (sokether not deposited) N/A
City, State and ZIP Code:		10. PERIOD COVERED	BY THIS REPORT
3. FEDERAL EMPLOYER DENTIFICATION NO.	04210350	FROM (month, day, year) 7/01/96	TO (month, day year) 7/31/96
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,838,481.55)
	b. Letter of credit withdrawals		2,358,000.00
11. STATUS OF	c. Treasury check payments		0.00
FEDERAL	d. Total receipts (Sum of lines b and c)		2,358,000.00
CASH	e. Total cash available (Sum of lines a and d)		519,518.45
	f. Gross disbursements		2,048,912.74
(See specific	g. Federal share of program income		0.00
instructions on the back)	h. Net disbursements (Line f minus line g)		2,048,912.74
720. • 100.	i. Adjustments of prior periods		0.00
17.7	j. Cash on hand end of period	DEFICIT	\$ (1,529,394.29)
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE,	13. OTHER INFORMATION		
REPRESENTS CASH RE- QUIREMENTS FOR THE ENSUING	a. Interest income		\$ -
EHOURG			

Days

b. Advances to subgrantees or subcontractors

<u> 15</u>		CERTIFICATION		
I certify to the best of my knowledge and belief that this report is true in all re- spects and that all disburse-	AUTHORIZED	MANUAG X)CHAAOV	DATE REPORT SUBMITTED 8/15/96	
ments have been made for the purpose and conditions of the grant or agreement	OFFICIAL OFFICIAL	TYPED OR PRINTED RAME AND TITLE Marisa Schasel - Cash Manager	TELEPHONE (Area Code, Number, Extension) (617) 496-2507	
THIS SPACE FOR ACENOV	105			

Case 1:00 c	v-11677-DPW Document 1-5 File	PASION 26/0 Gina Paring Garage	entard Budget, No. 80-RO182
FEDERAL CAS	H TRANSACTIONS REPORT	1. federal constructing agency and org	existings element to which this rep
	pack. If report is for more than one grant or the completed Standard Form 278-A.)	Agency for In Washington, D	ternational Development .C. 20503
2. RECIPIENT ORGANIZAT		4. Federal grant or other identifica- tion number See 272A	5. Recipient's account number identifying number See 272
PRESIDENT & FELLOWS OF HARVARD COLLEGE Office for Sponsored Research		6. Letter of credit number 72001468	7. Last payment veucher number 275
Number Holyoke Cente		Give total number	er for this period
1350 Massachu Cambridge, MA		your account 6	9. Transury checks received (wheth or not deposited) N/A
City, State and ZIP Code:		10. PERIOD COVERED	BY THIS REPORT
3. FEDERAL EMPLOYER IDENTIFICATION NO.	04210350	FROM (month, day, year) 8/01/96	TO (month, day year) 8/31/96
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,529,394.29)
	b. Letter of credit withdrawals	_	★ 2,992,000.00
11. STATUS OF	c. Treasury check payments		0.00
FEDERAL	d. Total receipts (Sum of lines b and c)		2,992,000.00
CASH	e. Total cash available (Sum of lines a and d)		1,462,605.71
4000	f. Gross disbursements		1,993,954.94
SEP 1: 1996 MFA Frécise	g. Federal share of program income		0.00
instructions on the back)	h. Net disbursements (Line f minus line g)		1,993,954.94
	i. Adjustments of prior periods		. 0.00
	j. Cash on hand end of period	DEFICIT	\$ (531,349.23)
12. THE AMOUNT SHOWN	13. OTHER INFORMATIO	N	
ON LINE 11, ABOVE, REPRESENTS CASH RE- QUIREMENTS FOR THE ENSUING	a. Interest income		\$
	b. Advances to subgrantees or subcontractors		l _s

* Includes ROD 275 for \$461,000 pail 9/3

15.	CERTIFICATION		
		SIGNATURE	DATE REPORT SUBMITTED
l certify to the best of my knowledge and belief that this report is true in all re-	AUTHORIZED	Marisa Schasel	9/10/96
spects and that all disburse- ments have been made for	CERTIFYING	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code, Number, Extension)
the purpose and conditions of the grant or agreement	OFFICIAL	<u> </u>	Namoct, Description)
of the Right of Sheement		Marisa Schasel - Cash Manager	(617) 496-2507

THIS SPACE FOR AGENCY USE

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Case 1:00 <u>-c</u>	<u>v-11977-DPW_Document 1-5 Fil</u>	pa 09/26/60. Fauseau	el and Budget, No. 80-RO182
FEDERAL CASH	TRANSACTIONS REPORT	Tire Columbia Commission and artist	electional element to which this report ernational Development
	t ve in for more than one grant or	Washington, D.	
essistance agreement, attach 2. RECIPIENT ORGANIZATIO		4. Federal great or other identifica- tion number See 272A	5. Recipient's account number or identifying number See 272A
	OWS OF HARVARD COLLEGE	6. Letter of credit number	7. Last payment vaucher number 278
Vene Office for Spor		72001468	
Number volvoke Center		Give total numbe	
1350 Massachus		E. Payment Neuchors credited to your account	9. Tressury checks received (whether or not deposited) H/A
Cambridge, MA		7	BY THIS REPORT
City, State and ZIP Code:			TO (month, day year)
FEDERAL EMPLOYER IDENTIFICATION NO.	04210350	FROM (month, day, year) 9/01/96	9/30/96
IDENTIFICATION (VI)	a. Cash on hand beginning of reporting period	DEFICIT	\$ (531,349.23)
·	b. Letter of credit withdrawals		966,000.00
_	c. Treasury check payments		0.00
11. STATUS OF FEDERAL	d. Total receipts (Sum of lines b and c)		966,000.00
Teu 1006	e. Total cash available (Sum of lines a and d)		434,650.77
17 11 120 007 01 120	f. Gross disbursements		2,439,369.52
Chilips.	g. Federal share of program income		0.00
(See specific instructions on the back)	h. Net disbursements (Line f minus line g)		2,439,369.52
on the back)	i. Adjustments of prior periods		0.00
	j. Cash on hand end of period	DEFICIT	\$ (2,004,718.75)
12. THE AMOUNT SHOWN	13. OTHER INFORMATION	ON	
ON LINE 11, ABOVE, REPRESENTS CASH RE-	a. Interest income		\$ -
QUIREMENTS FOR THE ENSUING	b. Advances to subgrantees or subcontractors		\$

		CERTIFICATION	
i certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement	AUTHORIZED CERTIFYING OFFICIAL	TYPET OR PRINTED NAME AND TITLE	DATE REPORT SUBMITTED 10/08/96 TELEPHONE (Area Code, Number, Extension) (617) 496-2507
		Marisa Schasel - Cash Manager	

THIS SPACE FOR AGENCY USE

10/22/96

		Approved by thice of Manageme	ent and Budget, No. 80-RO182
FEDERAL CASH	TRANSACTIONS REPORT	1. Federal spansaring agency and orga	nizational element to which this report International Development
(See instructions on the be	ack. If report is for more than one grant or		D.C. 20503
2. RECIPIENT ORGANIZATION	ON	4. Federal grant or other identifica- tion number See 272A	5. Recipient's account number or identifying number See 2'
	ILLOWS OF HARVARD COLLEGE ponsored Research	6. Letter of credit number 72001468	7. Last payment voucher number 284
	er - Room 466		er for this period
and Street 1350 Massach Cambridge, M	usetts Avenue A 02138	8. Payment -Veuchers credited to your account	9. Trussery checks received (whether or not deposited) N/A
City, State and ZIP Code:			BY THIS REPORT TO (month, day year)
3. FEDERAL EMPLOYER IDENTIFICATION NO.	042103580	FROM (month, day, year)	10/01/96
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (2,004,718,75)
	b. Letter of credit withdrawals		3,402,000.00
11. STATUS OF	c. Treasury check payments		0.00
FEDERAL	d. Total receipts (Sum of lines b and c)		3,402,000.00
CASH	e. Total cash available (Sum of lines a and d)		1,397,281.25
	f. Gross disbursements	· · · · · · · · · · · · · · · · · · ·	3,138,291.20
(Sed sported)	g. Federal share of program income		0.00
on the back)	h. Net disbursements (Line f minus line g)		3,138,291.20
A STATE OF THE STA	i. Adjustments of prior periods		0.00
And the second s	j. Cash on hand end of period	DEFICIT	\$ (1,741,009.95)
12. THE AMOUNT SHOWN	13. OTHER INFORMATION	ON	
ON LINE 11, ABOVE, REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$
ENSUING Dave	b. Advances to subgrantees or subcontractors		\$

15	CERTIFICATION	
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement	SIGNATURE	DATE REPORT SUBMITTED 11/12/96 TELEPHONE (Area Code, Number, Extension) (617) 496-2507

THIS SPACE FOR AGENCY USE

12/8/96

Case 1:00-cv-14977-DPW Document 1-5 Filed 09/26/00 Page 11 of 18

		Approved by the of Managem	nent and Budget, No. 80-RO182
FEDERAL CAS	H TRANSACTIONS REPORT		enizational alement to which this repo
in institute on the	back. If report is for more than one grant or		International Development
assistance agreement, attach completed Standard Form 272-A.)		Washington	D.C. 20503
2. RECIPIENT ORGANIZAT	ION	4. Federal great or other identifica- tion number	5. Recipient's account number didentifying number
	ELLONS OF HARVARD COLLEGE	See 272A	See 272A
	Sponsored Research	6. Letter of credit number	7. Last payment voucher number
Holyake Cent	ter - Room 466	72001468	287
Number and Street : 1350 Massaci	husetts Avenue		er for this period
Cambridge, l	MA 02138	B. Payment -Vouchers crudited to your account	9. Treasury thecks received (whethe or not deposited)
City State		3	N/A
City, State and ZIP Code:			BY THIS REPORT
3. FEDERAL EMPLOYER	042103580	FROM (month, day, year)	TO (month, day year)
IDENTIFICATION NO.		11/01/96	11/30/96
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,741,009.95)
	b. Letter of credit withdrawais		2,643,000.00
11. STATUS OF	c. Treasury check payments		0.00
FEDERAL	d. Total receipts (Sum of lines b and c)		2,643,000.00
CASH 2111	e. Total cash available (Sum of lines a and d)		901,990.05
K top	f. Gross disbursements		2,544,578.15
(See specific	g. Federal share of program income		0.00
instructions on the back)	h. Net disbursements (Line f minus line g)		2,544,578.15
	i. Adjustments of prior periods		0.00
	j. Cash on hand end of period	DEFICIT	\$ (1,642,588.10)
12. THE AMOUNT SHOWN	13. OTHER INFORMATIO	N	
ON LINE 11J, ABOVE, REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$
ENSUING Days	b. Advances to subgrantees or subcontractors		\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.	CERTIFICATION		
I certify to the best of my knowledge and belief that this report is true in all re-		Maria XXII asex	DATE REPORT SUBMITTED 12/09/96
spects and that all disburse- ments have been made for the purpose and conditions of the grant or agreement	OFFICIAL	TYPEN OR PRINTED NAME AND TITLE Mariba Schasel - Cash Manager	TELEPHONE (Area Code, Number, Extension) (617) 496-2507

THIS SPACE FOR AGENCY USE

12:197

Case 1:00-	cv-11977-DPW Document 1-5 Fil		
41 . 1	H TRANSACTIONS REPORT back. If report is for more than one grant or ch completed Standard Form 272-A.)	1. Federal spensoring agency and organic submitted Agency for Washington,	ent and Budget, No. 80—RO182 enlational element to which this report International Development D.C. 20503
2. RECIPIENT ORGANIZAT PRESIDENT & FI Name : Office for S Holyoke Cent	ION ELLOWS OF HARVARD COLLEGE Sponsored Research ter - Room 466	·	5. Recipient's account number of identifying number See 272A 7. Last payment voucher number 290 er for this period
Cambridge, 1	husetts Avenue MA 02138	8. Payment -Vouchers credited to your account 3 10. PERIOD COVERED	9. Tressery checks received (whether or not deposited) N/A BY THIS REPORT
3. FEDERAL EMPLOYER IDENTIFICATION NO.	042103580	FROM (month, day, peer)	TO (month, day year) 12/31/96
	a. Cash on hand beginning of reporting period b. Letter of credit withdrawals	DEFICIT	\$ (1,642,588.10) 2,889,000.00
	c. Treasury check payments		0.00
11. STATUS OF FEDERAL	d. Total receipts (Sum of lines b and c)		2,889,000.00
CASH	e. Total cash available (Sum of lines a and d)		1,246,411.90
W. S. C.	f. Gross disbursements		2,556,832.36
	g. Federal share of program income		0.00
(Set specific instructions on the back)	h. Net disbursements (Line f minus line g)		2,556,832.36
	i. Adjustments of prior periods		0.00
		DEFICIT	(1,310,420.46)

a. Interest income

j. Cash on hand end of period

b. Advances to subgrantees or subcontractors

15.		CERTIFICATION	
I certify to the best of my knowledge and belief that this report is true in all re- spects and that all disburse-	AUTHORIZED	TYPED OF PRINTED NAME AND TITLE	DATE REPORT SUBMITTED 1/14/97 TELEPHONE (Area Code,
ments have been made for the purpose and conditions of the grant or agreement	· ·	Marisa Schasel - Cash Manager	Number, Extension) (617) 496-250

OTHER INFORMATION

THIS SPACE FOR AGENCY USE

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH RE-QUIREMENTS FOR THE ENSUING

Days

DEFICIT

	V.7°.	/-	**************************************
Case 1:00)-cv-11 <mark>97</mark> 7-DPW Document 1-5 1/Fil	led 09/2 <mark>6/00 Page 1</mark>	
		Approved thice of Managem	ent and Budget, No. 80-RO182
FEDERAL CA	SH TRANSACTIONS REPORT	is submitted	unizational element to which this repo
Can instructions on the	back. If report is for more than one grant or	Agency for	International Development
assistance agreement, at	tach completed Standard Form 272-A.)	wagnington	
2. RECIPIENT ORGANIZA		4. Federal grant or other identifica- tion number	5. Recipient's account number of identifying number See 272A
PRESIDENT &	FELLOWS OF HARVARD COLLEGE	See 272A 6. Letter of credit number	7. Last payment voucher number
Name Office for	Sponsored Research		294
Number Holyoke Ce	enter - Room 466	Give total numb	er for this period
74 BW0-1	chusetts Avenue	8. Payment -Vouchers credited to	9. Treesury checks received (sohethe
Cambridge	MA 02138	hone seconds	or not deposited)
_	·	TO DEDICE COVERED	BY THIS REPORT
City, State and ZIP Code:			
3. FEDERAL EMPLOYER IDENTIFICATION NO.	042103580	FROM (month, day, year)	TO (month, day year)
IDENTIFICATION NO.		1/01/97	1/31/97
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,310,420.46)
	b. Letter of credit withdrawals		2,718,000.00
	c. Treasury check payments		0.00
11. STATUS OF	d. Total receipts (Sum of lines b and c)		2,718,000.00
CASH	e. Total cash available (Sum of lines a and d)		1,407,579.54
(See specific instructions on the back)	f. Gross disbursements	FE 18 337	2,258,689.36
	g. Federal share of program income	16.	0.00
	h. Net disbursements (Line f minus line g)		2,258,689.36
·	i. Adjustments of prior periods		0.00
	i. Cash on hand end of period	DEFICIT	\$ (851,109.82)

b. Advances to subgrantees or subcontractors

a. Interest income

13.

Days

15.		CERTIFICAT	TION	
I certify to the best of my knowledge and belief that this report is true in all re-	AUTHORIZED	SIGNATURE WAYNE D	chase	DATE REPORT SUBMITTED 2/11/97
spects and that all disburse- ments have been made for the purpose and conditions of the grant or agreement	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME A	ND TITLE	TELEPHONE (Area Code, Number, Extension) (617) 496-2507

OTHER INFORMATION

THIS SPACE FOR AGENCY USE

12. THE AMOUNT SHOWN
ON LINE 11; ABOVE,
REPRESENTS CASH REQUIREMENTS FOR THE
ENSUING

2/26/97

Case 1:00	0-cv-1/1977-DPW Document 1-5 F	Filed 09/26/00 Page	14 of 18
	DI W DOCATION 2 0 1		ent and Budget, No. 80-RO182
FEDERAL CASH TRANSACTIONS REPORT (See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)		1. Federal spenearing agency and erganizational element to which this report is submitted Agency for International Development Washington, D.C. 20503	
assistance agreement, alta	ch completed Standard Form 271-11.		5. Recipient's account number o
2. RECIPIENT ORGANIZATION PRESIDENT & FELLOWS OF HARVARD COLLEGE Name : Office for Sponsored Research Holyoke Center - Room 466 4. Pearly great gr		tion number See 272A	identifying number See 272A 7. Last payment waucher number
		297	
		r for this period	
	nusetts Avenue	B. Payment Vouchers credited to	9. Treasury checks received (sohether
Cambridge, l		your account	or not deposited) N/A
		10. PERIOD COVERED	BY THIS REPORT
City, State and ZIP Code:		FROM (month, des. year)	TO (month, day year)
3. FEDERAL EMPLOYER IDENTIFICATION NO.	042103580	2/01/97	2/28/97
IDENTIFICATION NO.	a. Cash on hand beginning of reporting period	DEFICIT	\$ (851,109.82)
	b. Letter of credit withdrawals	81 16/7/2	1,660,000.00
	c. Treasury check payments	1	0.00
11. STATUS OF FEDERAL	d. Total receipts (Sum of lines b and c)	THE WELLE	1,660,000.00
CASH	e. Total cash available (Sum of lines a and a	Blig ?	808,890.18
	f. Gross disbursements	Jan 103/	2,852,659.63
(See specific	g. Federal share of program income		0.00
instructions on the back)	h. Net disbursements (Line f minus line g)		2,852,659.63
	i. Adjustments of prior periods		0.00
	j. Cash on hand end of period	DEFICIT	\$ (2,043,769.45)
12. THE AMOUNT SHOWN	13. OTHER INFORMATION	ON	· · · · · · · · · · · · · · · · · · ·
ON LINE 111, ABOVE, REPRESENTS CASH RE- OUIREMENTS FOR THE	a. Interest income		\$
ENSUING	A subsections of subcontractors	•	•

Days

b. Advances to subgrantees or subcontractors

15.	CERTIFICATION	
I certify to the best of my	AUTHORIZED SIGNATURE SIGNATURE	DATE REPORT SUBMITTED 3/14/97
spects and that all disburse- ments have been made for the purpose and conditions of the grant or agreement	OFFICIAL Marisa Schasel - Cash Manager	TELEPHONE (Area Code, Number, Extension) (617) 496-2507

Case 1:00-	cv-11977-DPW Document 1-5 File	ed 09 <u>/2<mark>6/0</mark>0 Page 1</u>		
<u></u>		Approved Mice of Managem	ent and Budget, No. 80-RO182	
	H TRANSACTIONS REPORT back. If report is for more than one grant or ch completed Standard Form 272-A.)	1. Federal appropering agency and org	emizational element to which this repo International Development	
2. RECIPIENT ORGANIZAT	ION	4. Federal grant or other identifica- tion number Sec 272A	5. Recipient's account number identifying number Sec 272A	
Name Office for Sponsored Research		6. Letter of credit number 72001468	7. Last payment woucher number 300	
(A Rinthe)	ter - Room 466		er for this period	
and Street : 1250 Managerhugetta Avenue		8. Payment -Vouchers credited to 9. Treasury checks received (whether pour account or not deposited) N/A		
City, State		10. PERIOD COVERED	BY THIS REPORT	
3. FEDERAL EMPLOYER	042103580	FROM (month, day, year)	TO (month, day year)	
IDENTIFICATION NO.		3/01/97	3/31/97	
	a. Cash on hand beginning of reporting period	DEFICIT	\$ (2,043,769.45)	
	b. Letter of credit withdrawals	-	3,448,000.00	
11. STATUS OF	c. Treasury check payments		0.00	
FEDERAL	d. Total receipts (Sum of lines b and c)		3,448,000.00	
CASH	e. Total cash available (Sum of lines a and d)	APR 21 1997	1,404,230.55	
	f. Gross disbursements	E MANA	2,407,070.71	
(See specific	g. Federal share of program income		0.00	
instructions on the back)	h. Net disbursements (Line f minus line g)	T.ITTE	2,407,070.71	
	i. Adjustments of prior periods		0.00	
	j. Cash on hand end of period	DEFICIT	\$ (1,002,840.16)	
12. THE AMOUNT SHOWN	13. OTHER INFORMATIO	N		
ON LINE 11j, ABOVE, REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$	
ENSUING Days	b. Advances to subgrantees or subcontractors		\$	

15.		CERTIFICATION	
I certify to the best of my knowledge and belief that this report is true in all re-	AUTHORIZED	Maxua Schasel	DATE REPORT SUBMITTED 4/11/97
spects and that all disburse- ments have been made for the purpose and conditions of the grant or agreement	OFFICIAL	TYPED OR PRINTED NAME AND TITLE Marisa Schasel - Cash Manager	TELEPHONE (Area Code, Number, Extension) (617) 496-250
	1	1	·

Case 1:00-cv	<u>-11977-DP</u>	W Document 1-5 File	d 09/26/00 _ Page 16	ant and Budget, No. 80-RO182
FEDERAL CASL	THANS	ACTIONS REPORT	1. Federal spenning agency and orga	enizational alement to which this report
LEDEKAL CASI		for more than one grant or	k submitted Agency for	International Development
(See instructions on the bo assistance agreement, attack	ick. If report to a completed Sta	s for more than one grant or ndard Form 272-A.)	Washington	
2. RECIPIENT ORGANIZATION			4. Federal grant or other identifica-	5. Recipient's account number or identifying number
PRESIDENT & FE		RD COLLEGE	See 272A.	7. Last payment voucher number
	ponsored Resea			-303- \$
	er - Room 466		Give total number	er for this period
and Street 1350 Massach	usetts Avenue	Ì	8. Payment -Vauchers credited to your account	9. Treasury checks received (whether or not deposited)
Cambridge, M	A 02138			N/A
City, State and ZIP Code:				BY THIS REPORT
3. FEDERAL EMPLOYER IDENTIFICATION NO.	042103	580	FROM (month, day, peer)	
	a. Cash on ha	nd beginning of reporting period	DEFICIT	\$ (1,002,840.16)
	b. Letter of co	edit withdrawals	·	1,486,000.00
	c. Treasury ch	eck payments		0.00
11. STATUS OF FEDERAL	d. Total receip	ots (Sum of lines b and c)	A CE	1,486,000.00
CASH	e. Total cash a	ivallable (Sum of lines a and d)	.III i 1997	483,159.84
	f. Gross disbu	rsements	RECEIVED E	2,248,471.18
	g. Federal sha	re of program income	NEUEIVEI	0.00
(See specific instructions on the back)	h. Net disburs	ements (Line f minus line g)	CILLIAN	2,248,471.18
on the data,	i. Adjustments	of prior periods		0.00
	j. Cash on han	d end of period	DEFICIT	\$ (1,765,311.34
12. THE AMOUNT SHOWN	13.	OTHER INFORMATIO	N	<u> </u>
ON LINE 11, ABOVE, REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest inc	ome		\$
ENSUING Days	b. Advances to	subgrantees or subcontractors		\$
14. REMARKS (Attach add	tional sheets of	plain paper, if more space is req	quired)	
ATD Cooperative	Agreements	No. CCN-0005-A-00-1	3023-10 and EPE-A-	00-95-00122-02
are currently un	der susper	sion. No expenses in	ncurred during the	month are
reflected in net	disburser	ents.		
15.		CERTIFICATION		
		SIGNATURE	1	DATE REPORT SUBMITTED
I certify to the best of my knowledge and belief that this report is true in all re-	AUTHORIZED	Maria Inhane	\mathcal{V}	5/29/97
spects and that all disburse- ments have been made for the purpose and conditions	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITE	LE	TELEPHONE (Area Code, Number, Extension)
of the grant or agreement	OI HOIAL	Marisa Schasel - Cash Mar	nager .	(617) 496-25

neet to which this report DEVELOPMENT account number of
nt voucher number 301 Deriod
oeriod
ocks received juphether posited) N/A
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3,159.84
8,175.60
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8,175.60
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5,015.76)
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)

Revised to reflect net disbursements for AID cooperative agreement no. CCN-0005-A-00-3023 drawn via Letter of Credit System prior to award suspension.

15.	CERTIFICATION	
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the grant or agreement AUTHO CERTIF	TYPED OR PRINTED NAME AND TITLE	DATE REPORT SUBMITTER - 6/18/97 TELEPHONE (Area Code, Number, Extension)

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